

**LOCAL TELEPHONE COMPANY**

**ANNUAL REPORT**

OF THE

11EC  
RECEIVED  
03/04/19  
ARK PUBLIC SERVICE COMM  
AUDIT SECTION

NAME MADISON COUNTY TELEPHONE COMPANY, INC.

(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 113 COURT STREET, HUNTSVILLE, AR 72740

(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # ID#175

(Here give the APSC-assigned company number)

TO THE

**ARKANSAS PUBLIC SERVICE COMMISSION**



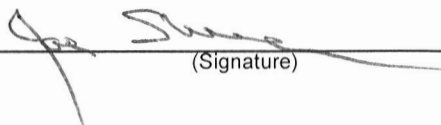
**COVERING ALL OPERATIONS**

**FOR THE YEAR ENDING DECEMBER 31, 2018**

# LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission  
Post Office Box 400  
Little Rock, Arkansas 72203-0400

Submitted herewith is the annual report covering the operation of MADISON COUNTY TELEPHONE COMPANY, II  
(Company)  
of 113 COURT STREET, HUNTSVILLE, AR 7 for the year ending December 31, 2018. This report is submitted in  
(Location)  
accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas.  
The following report has been carefully examined by me, and I have executed the verification given below.

  
(Signature)  
  
PRESIDENT  
(Title)


\*\*\*\*\*  
**VERIFICATION**

STATE OF Ark )  
COUNTY OF Carroll ) ss.

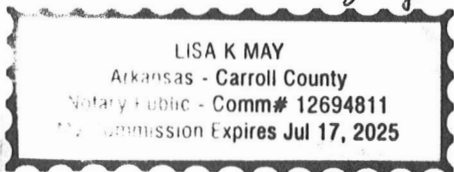
I, the undersigned, JOE C. SHRUM, PRESIDENT of the  
(Name and Title)

MADISON COUNTY TELEPHONE COMPANY, , on my oath do say that the following report has  
(Company)

been prepared under my direction from the original books, papers, and records of said utility: that I have carefully examined the same, and declare the same a complete and correct statement of the business and affairs of said utility in respect to each and every matter and thing set forth, to the best of my knowledge, information, and belief; and I further say that no deductions were made before stating the gross revenues, and that accounts and figures contained in the foregoing statements embrace all of the financial transactions for the period in this report.

  
(Signature)

Subscribed and sworn to before me this 20th  
day of February, 2019  
My Commission Expires July 17, 2025



  
(Signature of Notary)

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:

Name JOE C SHRUM Title PRESIDENT

Address PO BOX D, HUNTSVILLE, AR 72740

Telephone Number 479-738-2121

E-Mail joeshrum@madisoncounty.net

Give the name, address, telephone number and e-mail address of the resident agent:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

## REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

### IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

MADISON COUNTY TELEPHONE COMPANY, INC.

2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:

113 COURT STREET

- (a) PO BOX D (b)  
HUNTSVILLE, AR 72740

3. Indicate by an **x** in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.

(a) ( ) Electric, ( ) Gas, ( ) Water, (XX) Telephone, ( ) Other

(b) ( ) Proprietorship, ( ) Partnership, ( ) Joint Stock Association,  
( XX) Corporation, ( ) Other (describe below):

4. If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.

(a) N/A

(b)

5. If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:

(a) ARKANSAS, OCTOBER 1, 1958

(b)

(c)

6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

7. State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:

(a) NO

(b)

(c)

8. State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars.

(a) NO

(b)

(c)

(d)

9. Was respondent subject to a receivership or other trust at any time during the year?  
If so, state:

N/A

(a) Name of receiver or trustee: \_\_\_\_\_

(b) Name of beneficiary or beneficiaries for whom trust was maintained:

\_\_\_\_\_

(c) Purpose of the trust: \_\_\_\_\_

(d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition  
of respondent: (1) \_\_\_\_\_ (2) \_\_\_\_\_

10. Did the respondent act in any of the capacities listed in Paragraph (a) below during the past year? NO If so,

(a) Indicate the applicable one by an **X** in the proper space:

( ) Guarantor, ( ) Surety, ( ) Principal--obligor to a surety contract,  
( ) Principal--obligor to a guaranty contract.

- (b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

## REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

### DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (\*) and Secretary (\*\*) marked by asterisks.

Name of Director	Office Address	Date of Term	
		Beginning	End
JOE C SHRUM	HUNTSVILLE, AR 72740	2/4/18	2/4/19
TOM S SHRUM	HUNTSVILLE, AR 72740	2/4/18	2/4/19
JARED C SHRUM	HUNTSVILLE, AR 72740	2/4/18	2/4/19
TRAVIS REED	HUNTSVILLE, AR 72740	2/4/18	2/4/19

### PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
PRESIDENT	JOE C SHRUM	HUNTSVILLE, AR
VICE PRESIDENT	JARED C SHRUM	HUNTSVILLE, AR
VICE PRESIDENT	TRAVIS REED	HUNTSVILLE, AR
SECRETARY/TREASURER	TOM C SHRUM	HUNTSVILLE, AR

<b>GROSS ASSESSABLE REVENUES</b>	
<b>Description</b>	<b>Amount</b>
<b>ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)</b>	<b>\$2,771,728</b>

**LOCAL EXCHANGE SERVICE STATISTICS**

<b>ACCESS LINES</b>	<b>ARKANSAS</b>
<b>Residence</b>	<b>2,324</b>
<b>Business</b>	<b>690</b>
<b>TOTAL RESIDENTIAL &amp; BUSINESS ACCESS LINES</b>	<b>3,014</b>
<b>PBX Access Lines</b>	
<b>Coin or Credit Card Paystation Access Lines</b>	<b>1</b>
<b>Company Official Access Lines (Numbers)</b>	<b>88</b>
<b>TOTAL ACCESS LINES</b>	<b>3,103</b>

## STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

A handwritten signature in dark ink, appearing to read "Joe Starn", is written over a horizontal line. The signature is fluid and cursive.

**President/General Manager**



**REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION**

**COMPANY CONTACTS**

<b>Company Information</b>	
<b>Company Name</b>	MADISON COUNTY TELEPHONE COMPANY, INC.
<b>dba</b>	
<b>Official Mailing Address</b>	PO DRAWER D, HUNTSVILLE, AR 72740
<b>Mailing Address for APSC Annual Assessment Invoice</b>	

AREA	PERSON TO CONTACT	PHONE #	FAX #	E-MAIL
Annual Report	JOE C SHRUM	479-738-2121	479-738-2900	<a href="mailto:joeshrum@madisoncounty.net">joeshrum@madisoncounty.net</a>
APSC Annual Assessment	JOE C SHRUM	479-738-2121	479-738-2900	<a href="mailto:joeshrum@madisoncounty.net">joeshrum@madisoncounty.net</a>
Tariffs	JOE C SHRUM	479-738-2121	479-738-2900	<a href="mailto:joeshrum@madisoncounty.net">joeshrum@madisoncounty.net</a>
Property Taxes	JOE C SHRUM	479-738-2121	479-738-2900	<a href="mailto:joeshrum@madisoncounty.net">joeshrum@madisoncounty.net</a>
Regulatory Affairs	JOE C SHRUM	479-738-2121	479-738-2121	<a href="mailto:joeshrum@madisoncounty.net">joeshrum@madisoncounty.net</a>

Please list the number of utility employees located in Arkansas 23 .